



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 124726		2. Exact name of the Corporation HARKINS DEVELOPMENT COMPANY			
3. Principal office address 1907 EAST MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone No. 401-619-0257		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island ACQUIRING, IMPROVING, SELLING OF REAL ESTATE AND PERSONAL PROPERTY AND PROPERTY MANAGEMENT					
President Name CHRISTOPHER HARKINS			Vice-President Name NONE		
Street Address 1907 EAST MAIN ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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SECRETARY OF STATE
CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

TURNER C. SCOTT

Print or Type Name of Authorized Representative

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